



# TOBACCO PREVENTION LEADING THE WAY TO A HEALTHIER MONTANA



## MISSION & GOALS

The mission of the Montana Tobacco Use Prevention Program (MTUPP) is to address the public health crisis caused by the use of all forms of commercial tobacco products. MTUPP is working to prevent and eliminate tobacco use, particularly among young people throughout Montana.

### **PREVENTING INITIATION AMONG YOUTH AND YOUNG ADULTS**

Almost 9 out of 10 smokers start before they are 18 years old. Evidence-based tobacco control programs prevent youth and young adults from starting to use tobacco, to help Montanans live longer, healthier lives.

#### **Montana Tobacco Use Prevention Program**

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**Website:** [tobaccofree.mt.gov](http://tobaccofree.mt.gov)

### **PROMOTING QUITTING AMONG ADULTS AND YOUTH**

Interventions that increase quitting can decrease premature mortality and tobacco-related healthcare costs in the short-term.

### **ELIMINATING EXPOSURE TO SECONDHAND SMOKE**

Secondhand smoke causes premature death and disease in children and adults who do not smoke. There is no risk-free level of exposure to secondhand smoke.

### **IDENTIFYING AND ELIMINATING TOBACCO-RELATED DISPARITIES AMONG VULNERABLE POPULATIONS**

Some populations (i.e. Pregnant Women, Medicaid Participants, etc.) experience a disproportionate health and economic burden from tobacco use; therefore, a focus on eliminating such tobacco-related disparities is necessary.



## MESSAGE FROM THE DIRECTOR



Richard H. Oppen

This year marks the 50<sup>th</sup> anniversary of the Surgeon General's Report on Smoking and Health. This one report identified tobacco smoke as a primary cause of disease and death, and paved the way for medical and scientific community actions to turn the rising tide of tobacco addiction. In Montana, we continue to work diligently on that enduring problem. The need for prevention measures continues, as new tobacco products flow into the market daily, untested, luring youth to this same deadly habit.

The diseases caused by tobacco addiction are still the leading causes of death in America and in Montana, claiming the lives of an average of four Montanans each day. Tobacco use impacts every system of the body causing many

illnesses including heart disease, lung and many other cancers, and complicating other serious health conditions such as diabetes, hypertension, asthma, mental illness and substance use.

The Montana Tobacco Use Prevention Program brings the prevention effort directly to communities in Montana, using a comprehensive program to do the things we know will positively impact health and reduce addictive behavior in our state: working to prevent kids from starting to smoke, helping tobacco users quit, and avoiding exposure to secondhand smoke.

This report shares important data about the work that is being done to change the way tobacco is used in Montana. From rodeos to mental health centers, and everywhere in between, prevention specialists and community coalitions are joining together to address policies and interventions that will reduce premature death throughout the state.

The Medicaid population remains a top priority for tobacco cessation services, and during this time Montana Medicaid expanded the range of health care provider types who are eligible to provide tobacco cessation counseling to include Dental Professionals and Licensed Professional Counselors.

Please join me in thanking our partners, including our team of dedicated tobacco prevention specialists across Montana, by recognizing their accomplishments and supporting the important work being done in our communities. Montana continues to be a national leader in tobacco use prevention, and we invite you to join with them in their efforts.

A handwritten signature in blue ink, appearing to read "Richard H. Oppen", with a long, sweeping horizontal line extending to the right.

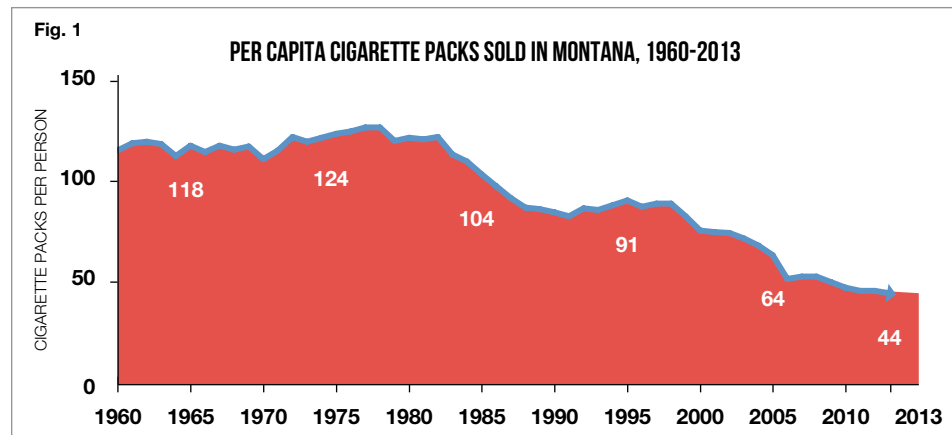
**Richard H. Oppen**, Director  
Department of Public Health & Human Services

## OVERALL CIGARETTE USE CONTINUES TO DECREASE IN MONTANA

MTUPP implements community and school-based policies, interventions and programs as part of a comprehensive effort for tobacco use prevention among youth and young adults. Alongside these interventions, increasing the unit price of tobacco products and sustaining anti-tobacco media

campaigns all help create tobacco-free social norms. MTUPP's community-based programs around the state currently provide tobacco use prevention and cessation services for 50 counties, 7 Reservations, 1 state recognized Tribe and 2 (of the 5) Urban Indian Centers.

- Thanks to MTUPP's work, cigarettes are less accessible, less affordable and less attractive. **In 2013 there was an all-time low for cigarette sales in Montana at 44 packs per person.<sup>1</sup>** (See figure 1)
- Current cigarette smoking **decreased** significantly among Montana adults from **22% in 2011 to 19% in 2013.<sup>2</sup>**
- Reducing tobacco use has long-term benefits, not just for the health of Montanans, but for their wallets as well. **Smoking currently costs Montanans an estimated \$557\*\* per household.<sup>3</sup>**



\* Due to changes in survey methodology, BRFSS data prior to 2011 cannot be directly compared to BRFSS data from 2011 and after.

\*\* Residents' state and federal tax burden from smoking-caused government expenditures.



**20,725**

FEWER  
CIGARETTE  
SMOKERS IN  
MONTANA<sup>2, 4</sup>

Over the past 3 years  
we've seen a decrease  
in the estimated number  
of cigarette smokers  
among Montana adults.

2011   **170,980**  
MONTANA  
SMOKERS

2012   **154,252**  
MONTANA  
SMOKERS

2013  **150,255**  
MONTANA  
SMOKERS

 = 50K  
MONTANA  
SMOKERS

 = 500  
MONTANA  
SMOKERS



## QUITTING TOBACCO


The Montana Tobacco Quit Line is a free service for all Montanans who want to quit using tobacco products. A Quit Coach® will assist callers with developing an individualized quit plan. The Quit Line offers some of the best tools to quit using all forms of tobacco in the country, including free nicotine replacement therapy and discounted cessation medications to callers who enroll in the coaching program.

### TYPES OF TOBACCO USED BY QUIT LINE PARTICIPANTS<sup>5</sup>

Cigarettes	4,856	86%
Smokeless Tobacco	572	10%
Cigars	72	1%
Pipes	22	0.4%
E-Cigarettes	100	2%
Other	6	0.1%
<b>Total</b>	<b>5,628</b>	<b>99.5%</b>

OVER **75,000** MONTANANS  
HAVE CALLED THE QUIT LINE SINCE 2004<sup>6</sup>

 **40% OF CALLERS**  
HAVE SUCCESSFULLY QUIT TOBACCO<sup>5</sup>

 **12% OF CALLERS**  
WERE MEDICAID PARTICIPANTS<sup>7</sup>

 **95% OF CALLERS**  
WERE SATISFIED WITH THE QUIT LINE<sup>5</sup>

MONTANA TOBACCO

**QUIT** LINE  
1-800-QUIT-NOW

[QuitNowMontana.com](http://QuitNowMontana.com)

## MONTANA TOBACCO QUIT LINE SUCCESS STORIES



### LINDA

After 30 years of smoking, Linda decided to take a hard look at her life. “I’m getting older,” she said. “It’s time to start thinking about my health and the money I’m spending on tobacco.” Since quitting, Linda has seen a reduction in her insurance premiums and has kept more money in her purse.

Enrolling in the Montana Tobacco Quit Line increased her commitment to becoming tobacco-free. “I didn’t start this program and go through this whole process to start smoking again,” said Linda. “My skin and teeth look better and I can feel a difference in my health. I’m not going back to that way of life!” With the increase in energy she’s taken a more active approach with her life. “It’s wonderful!”

Linda appreciated the support she received from the coaches along with the free patches. “I have to thank you for helping me through this,” she said. Linda is aware of her triggers and has the strength to deal with those temptations. She wants everyone to know that quitting smoking is possible. “I tell myself, ‘You can do it. Just wait 5 minutes.’ Before you know it hours have passed and so have the urges!”



### MIKE

Mike struggled with chewing tobacco use for a long time. He quit for 6 months once, but wasn’t able to maintain his quit. When he called the Montana Tobacco Quit Line, he was ready to commit to new ways of coping with stress so he could

kick his habit for good. Soreness in his mouth had Mike worried he might be facing oral cancer, a concern he brought up throughout his conversations with quit Line coaches. With the help of nicotine patches supplied by the Montana Quit Line and introducing some tobacco-free chew into his dip, Mike successfully quit.



# REDUCING EXPOSURE TO SECONDHAND SMOKE THROUGH PUBLIC POLICY

MTUPP continues to work closely with medical campuses, multi-unit housing owners/managers, university/college campuses and schools to encourage the adoption of smokefree and tobacco-free policies. Policies that prohibit smoking (smokefree policies) and the use of smokeless tobacco products as well (tobacco-free policies) actively change the social norms related to tobacco use.




They also create an environment that encourages tobacco users to quit. Studies have shown that challenging the perception of smoking as a normal adult behavior through these policies can change the attitudes and behaviors of adolescents. This can result in a reduction of the number of adolescents who start using tobacco. The map on the following page shows policies which have been adopted in Montana.

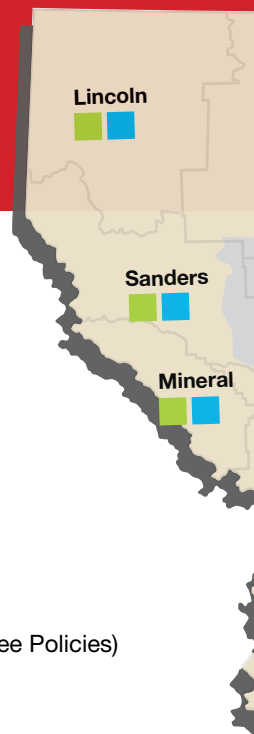
## CURRENTLY, THERE ARE:

- 7 College Campuses with Tobacco-Free Policies
- 11 Public Housing Authorities with Smokefree Policies
- 58 Medical Campuses with Tobacco-Free Policies
- 275 School Districts (65%) with a Comprehensive Tobacco-Free Policy (*which goes beyond the requirements of the Clean Indoor Air Act*)

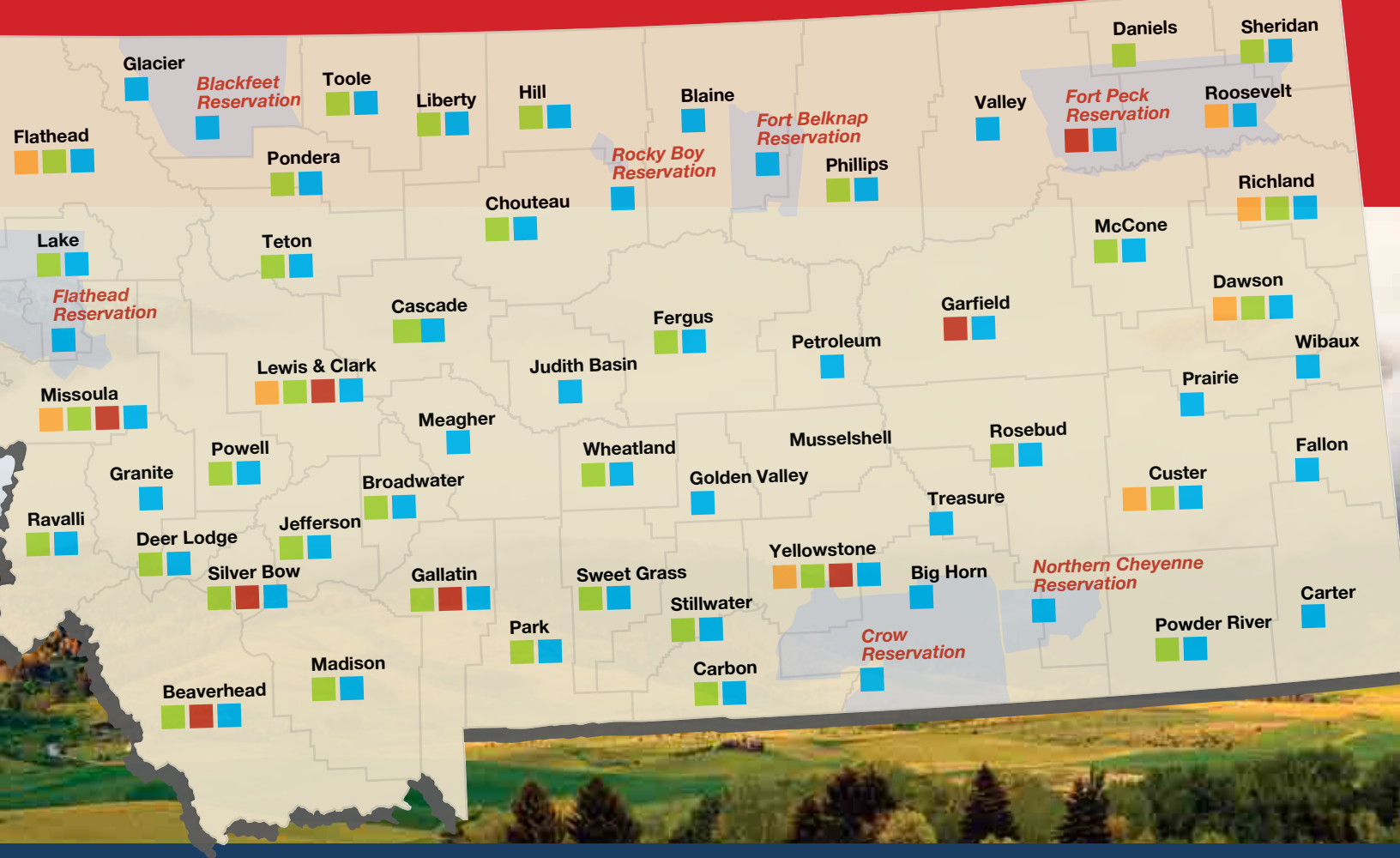
For a detailed list of organizations that have adopted each of the policies visit [tobaccofree.mt.gov](http://tobaccofree.mt.gov).

## KEY

-  **Housing Authorities**  
(Smokefree Policies)
-  **Medical Campuses**  
(Tobacco Free/Smokefree Policies)
-  **College Campuses**  
(Tobacco Free Policies)
-  **School Districts**  
(Comprehensive Tobacco-Free School Policies)







## VULNERABLE POPULATIONS

### PREGNANT WOMEN

Smoking during pregnancy **increases infant morbidity and mortality** by influencing **low birth weight** and **preterm birth**. Low birth weight babies cost an average of **\$55,393 in their first year** compared to **\$5,085 for a baby born without complications**.<sup>8</sup>

- **20–29% of sudden infant death syndrome (SIDS) deaths** nationally are attributable to prenatal smoking.<sup>9</sup>



**16**  
**PERCENT**

Of Women  
In Montana  
Reported  
Smoking  
**DURING  
PREGNANCY**<sup>10</sup>

## **MTUPP & WIC WORKING TOGETHER**

In order to reach out to pregnant women who smoke, MTUPP has collaborated with Woman, Infant and Children (WIC), Maternal and Early Childhood Home Visiting Program, local health departments and community organizations to train their staff about the benefits of the Montana Tobacco Quit Line and how to refer their clients to our Pregnancy and Postpartum Program.

**70  
PERCENT**

Of Women  
Who Reported  
Smoking During  
Pregnancy  
Were Enrolled In  
**MEDICAID<sup>10</sup>**



## **COLLABORATING WITH MEDICAID**

MTUPP has also worked with the Montana Medicaid Program on a cost-sharing agreement for Medicaid Quit Line participants to ensure that evidence-based cessation services are covered for Medicaid members.

The Montana Tobacco Quit Line launched the Pregnancy and Postpartum Program in March 2013, offering increased cessation benefits for pregnant women, including:

- **Participants receive 9 calls from one dedicated coach**
- **Reward Incentive for each completed call made during pregnancy and post-partum**
- **Text to remind mother to reconnect with the Quit Line to prevent relapse after the baby is born**
- **Free Nicotine Replacement Therapy (NRT)** – 6 weeks free during pregnancy with prescription, 6 additional weeks free during postpartum

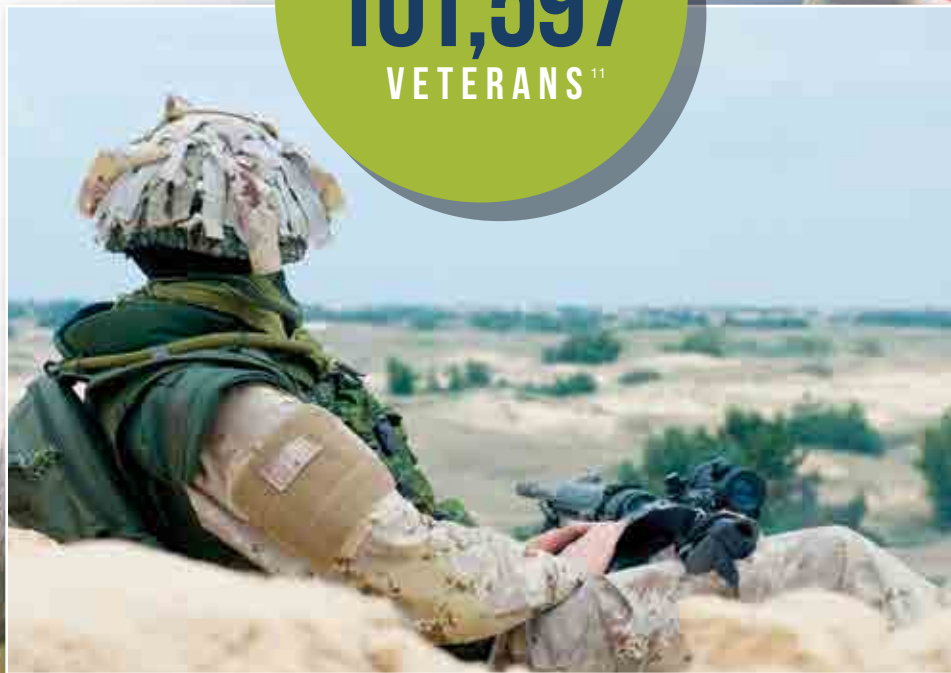
## VULNERABLE POPULATIONS

### VETERANS

The Veteran population served by VA has a higher prevalence of smoking and other tobacco use than the civilian population. A recent Department of Defense survey showed that more than half of veterans are current users of a tobacco product.<sup>12</sup>

MTUPP provides community outreach by partnering with Veterans' organizations throughout the state to bring culturally appropriate tobacco control and cessation services to Veterans throughout Montana.

MONTANA HAS  
**101,597**  
VETERANS<sup>11</sup>



## VULNERABLE POPULATIONS

### MENTAL HEALTH

MTUPP continues its efforts to reach tobacco users with behavioral health conditions by creating specific media related to tobacco recovery and by reaching out to the mental health and chemical dependency facilities around the state to offer trainings on cessation and tobacco-free policy.



Adults with some form of mental illness have a smoking rate **70 percent higher** than adults with no mental illness.<sup>13</sup>

More than **1 in 3** adults with a mental illness smoke cigarettes, compared with about **1 in 5** adults with no mental illness.<sup>13</sup>

### SANDRA'S STORY

"I started smoking cigarettes at the age of 11 and tried to quit over 100 times. I finally was successful five years ago with the support I received from my therapists and peers. **I learned that smoking decreased the effectiveness of medications I was taking for depression, anxiety and panic disorders.** In the past two years, I have not needed any medications to treat these conditions. I now have extra money to spend on things I need and want. I know that quitting smoking has given me back my self-esteem and improved my mental health recovery."

**42% of Quit Line Participants say they have at least one mental health condition.**<sup>7</sup>



**TOBACCO RECOVERY**

Helps You Reach All Your Recovery Goals

**1-800-QUIT-NOW**  
(1-800-794-8669)  
NOW WITH ONLINE ENROLLMENT!  
[www.QuitNowMontana.com](http://www.QuitNowMontana.com)

MONTANA TOBACCO  
**QUIT LINE**  
1-800-QUIT-NOW



# TRIBAL

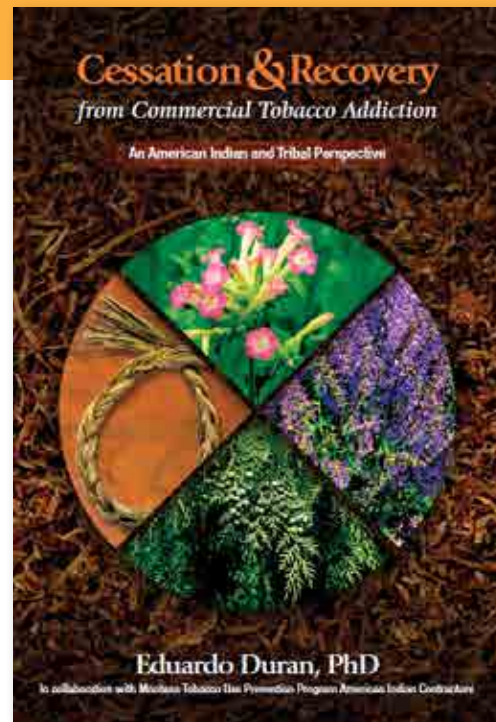
## TOBACCO EDUCATION

American Indian Tobacco Prevention Specialists (TPS) have found that educating local communities and members about traditional intent and use of the tobacco plant has helped to begin breaking bonds with commercial tobacco companies. As a collaborative effort between Tribal TPSs and MTUPP, a new cessation resource was developed for American Indian callers to the Quit Line: “Cessation and Recovery from Commercial Tobacco Addiction—An American Indian and Tribal Perspective.”

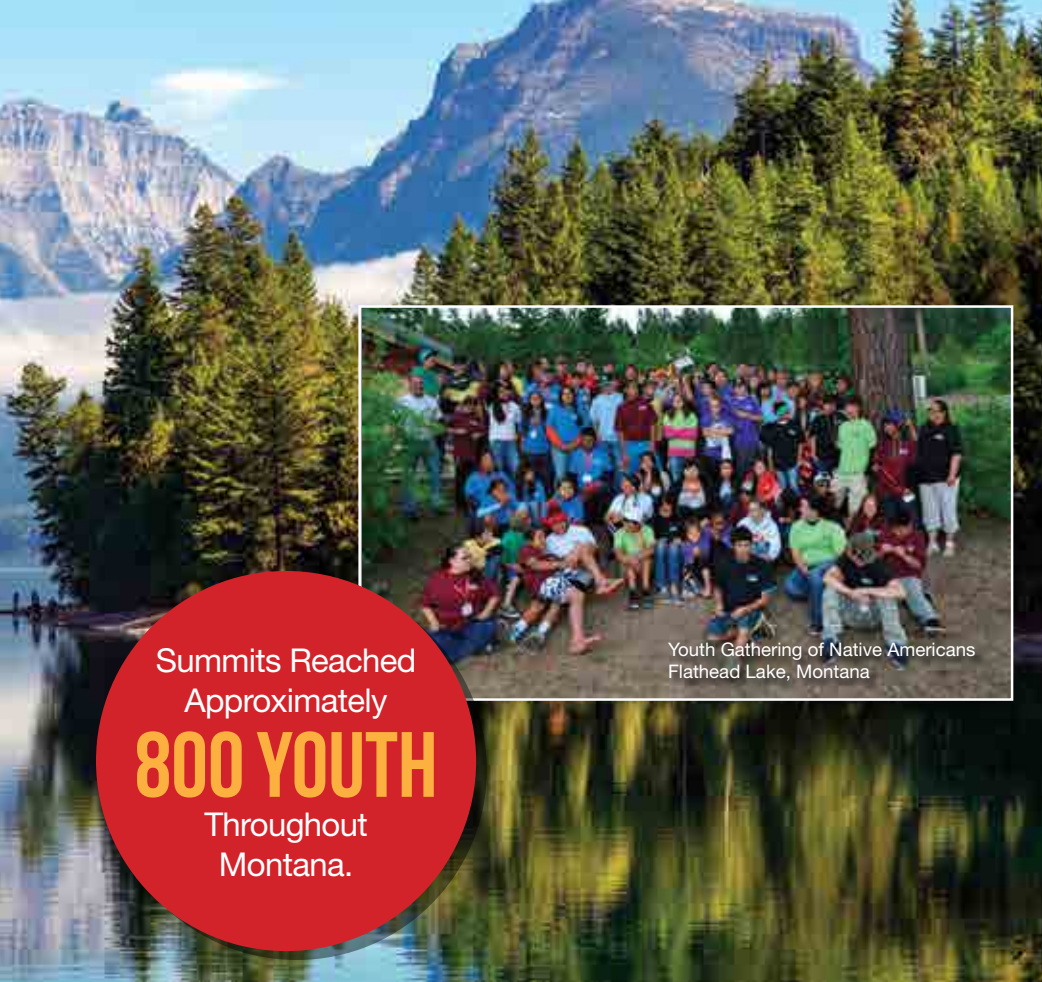
“When I read the section about the contract with the plant (Nicotiana plant) and the cigarette smoker, I threw away my cigarettes that day. I (now) honor the plant the way it is meant to be and believe the power of the plant helped me quit my addiction (to nicotine).”

— Former American Indian Tobacco User

An Estimated  
**38% Of American  
Indian Adults**  
In Montana Are  
Current Cigarette  
Smokers.<sup>13</sup>







Summits Reached  
Approximately  
**800 YOUTH**  
Throughout  
Montana.



Youth Gathering of Native Americans  
Flathead Lake, Montana

## YOUTH

### REGIONAL TOBACCO PREVENTION YOUTH TRAININGS

MTUPP supported 6 regional tobacco prevention summits. The youth leaders from multiple counties came together in a central location to learn more about tobacco prevention advocacy and plan strategies to make their communities healthier.

One such summit was the Youth Gathering of Native Americans on Flathead Lake. Eighty-seven American Indian youth from across the state came together to build capacity for tobacco prevention, substance abuse prevention and a holistic approach to wellness.

Lake McDonald, Montana

## YOUTH

### YOUTH LEADING YOUTH TO END TOBACCO ADDICTION

Fewer youth are smoking cigarettes than ever before; **only 15% of Montana youth are current cigarette smokers.**<sup>16</sup> However, the tobacco industry continues to create new products that are enticing to youth.

### YOUTH ACTIVISM

Montana youth are leading the fight against tobacco use through **reACT Against Corporate Tobacco**. Local teen-led reACT groups create and lead activities, media outreach and policy initiatives to educate their peers and communities about tobacco use and the tobacco industry. Montana youth led 126 tobacco prevention activities across the state in 2013 and 158 in 2014.

# 1,400

Montanans die from  
diseases caused  
by tobacco  
use every  
year.<sup>15</sup>



### reACTing AGAINST LOCAL TOBACCO MARKETING

reACT youth in 16 Montana communities visited almost 300 stores to better understand and report on tobacco advertising. One adult advisor said “**Our group was very disturbed that tobacco products were stocked next to candy products that had similar flavors, and they also noticed how youth-rated movies and books were sold next to tobacco products in some stores.**”



## YOUTH

### RODEO

The Montana High School Rodeo Association partnered with MTUPP to promote their tobacco-free policy at all High School Rodeo sanctioned events.

**Montana was the first state in the nation to pass a tobacco-free policy in high school rodeo.** Currently, only TWO states have adopted this impressive policy.



Photo by April Spaulding Photography



## EMERGING TRENDS & THREATS

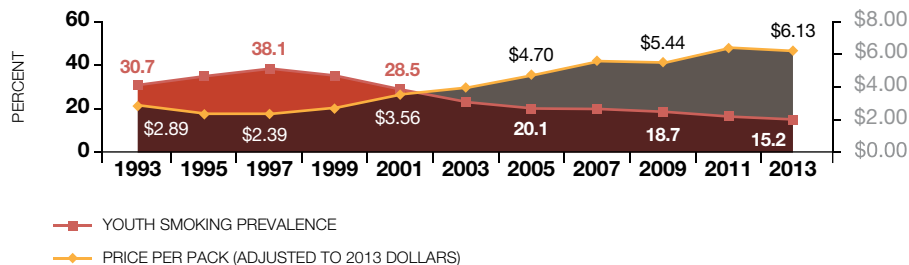
Although great strides have been made to reduce cigarette smoking, use of other tobacco products are providing ample opportunities for tobacco manufacturers to target potential tobacco users, particularly youth.

A strong connection can be drawn between the cost of cigarettes and usage rates among youth. As price increases, youth smoking decreases. (See figure 2)

Tobacco tax increases are one of the most effective ways to reduce smoking and other tobacco use, especially among kids. Every 10 percent increase in cigarette prices reduces youth smoking by about seven percent and total cigarette consumption by about four percent.<sup>17</sup>

MONTANA YOUTH SMOKING PREVALENCE VS. CIGARETTE PACK PRICE, 1993-2013<sup>1,18</sup>

Fig. 2



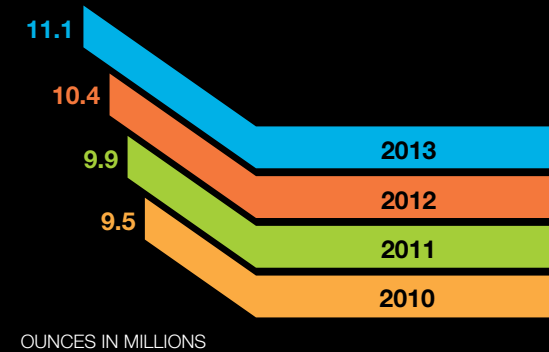
## EMERGING TRENDS & THREATS

**Tobacco companies continue to spend \$8.8 billion nationwide advertising their deadly products, including \$27.1 million per year in Montana alone.**<sup>3</sup> This advertising includes price-reducing promotions, which accounted for approximately 84% of cigarette marketing, and more than 77% of smokeless tobacco products marketing in 2008. This has led to higher rates of usage among youth.<sup>19</sup>

Tobacco companies are also targeting youth by producing cheap, flavored products that appeal directly to youth. Flavored cigars are sold in 71% of Montana tobacco retail stores and the average lowest price for a single cigar is \$1.29.<sup>20</sup> In Montana, the cost to initiate a lifetime of nicotine addiction is the same as the price of a pack of gum.

Smokeless tobacco and cigars are heavily used by Montanans, but are not taxed equally to cigarettes. More than half of Montana tobacco users are using cigars, electronic cigarettes or smokeless tobacco.<sup>21</sup> However, Montana collects only 13.8% of tobacco excise tax from these products.<sup>1</sup> As a result of these tax disparities, it is 10 times less expensive for a Montanan to chew than to smoke.

MONTANA MOIST SNUFF SALES, 2010-2013<sup>22</sup>



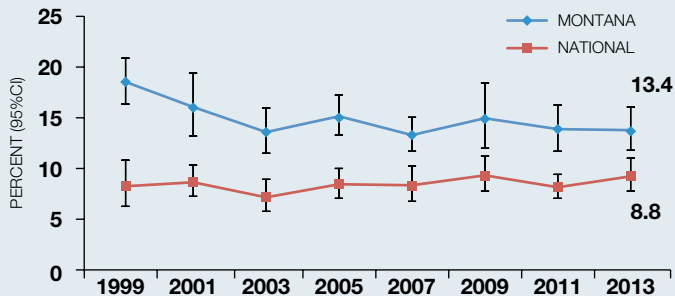
## EMERGING TRENDS & THREATS

### SMOKELESS TOBACCO

National trends to restrict indoor smoking have caused a large increase in tobacco company marketing of smokeless tobacco products, much of which goes toward price reductions. The average lowest price for a can of Grizzly chew is \$3.18 in Montana.<sup>20</sup> See figure 3 below.

Fig. 3

CURRENT SMOKELESS TOBACCO USE AMONG MONTANA YOUTH, 1999-2013<sup>23</sup>



Use Of  
E-cigarettes  
**DOUBLED**  
Among Middle  
& High School  
Students In The  
U.S. From  
2011-2012<sup>24</sup>



## EMERGING TRENDS & THREATS

### E-CIGARETTES

Electronic cigarettes, introduced to the American market in 2007, are gaining popularity in Montana. **Now, two-thirds of Montana tobacco retailers sell e-cigarettes.**<sup>20</sup>

**Ten percent of Montana adults have tried e-cigarettes, and more than 20% of young adults aged 18-34 have tried them.**<sup>21</sup> When asked why they had tried e-cigarettes, the majority of younger respondents said they were just trying something new, while most older respondents said they were trying to use e-cigarettes to quit smoking.

**E-cigarette advocates have promoted this product as a smoking cessation tool. However, there is no conclusive scientific evidence that e-cigarettes promote successful long-term quitting**

**of tobacco smoking,** and a number of studies have found that experimentation with e-cigarettes was not associated with intention to quit, making quit attempts or smoking cessation.

Contrary to popular belief, electronic cigarette aerosol, improperly called vapor by the industry, contains much more than just harmless water vapor. Studies have established the presence of carcinogens, heavy metals, and other hazardous substances<sup>25</sup> in e-cigarette aerosol. Current problems with nicotine poisoning of children from drinking the e-liquid<sup>25</sup> and e-cigarettes exploding<sup>26</sup> may be only the beginning. Without regulation or quality control, it's not yet possible to know what other hazards the public may encounter when using these products.



A reACT participant from Boulder points out electronic cigarette advertising near his community.



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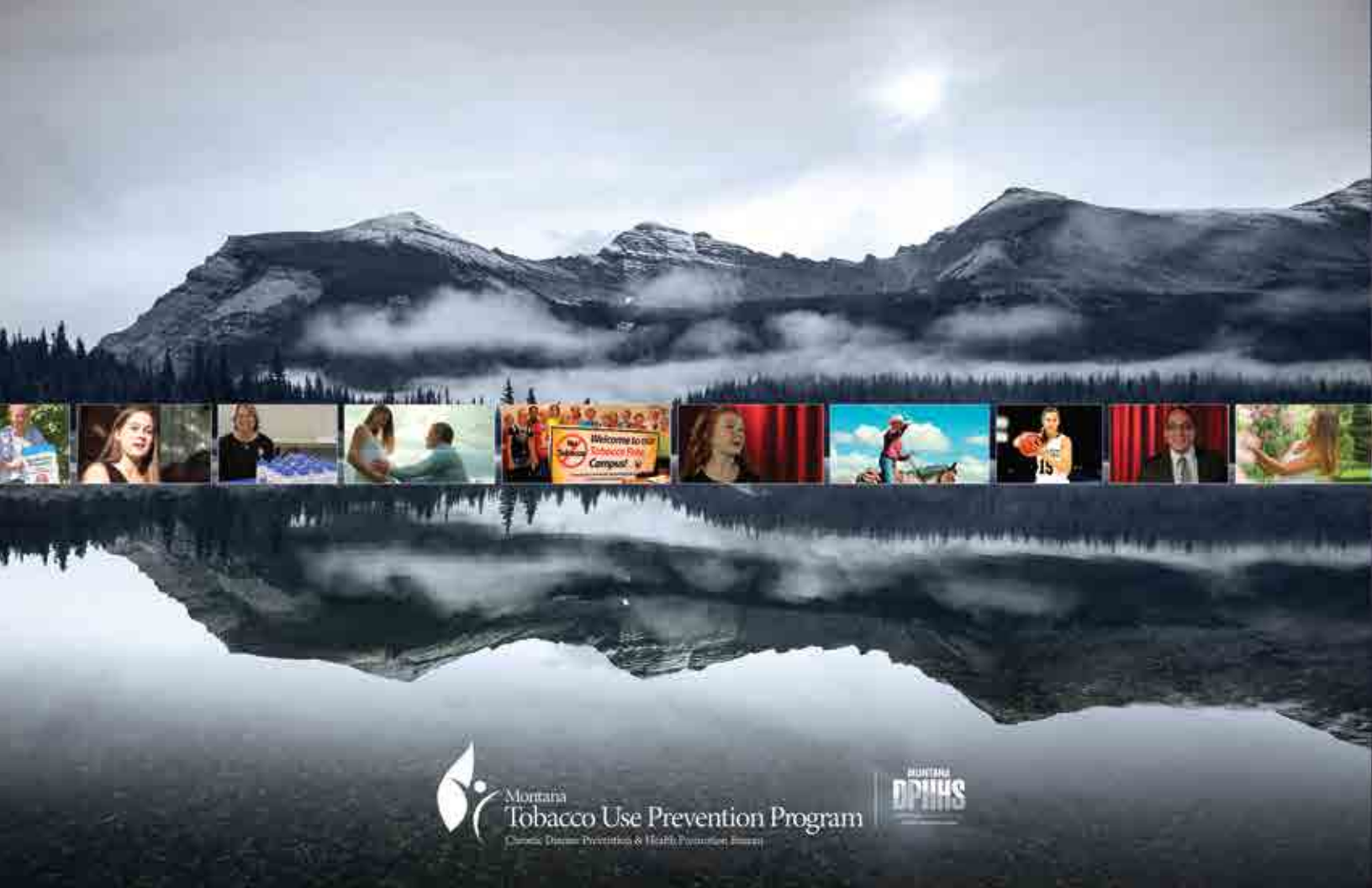
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